

*** A separate form is to be completed for each trainee voyage crew member ***

Please return to: Clyde Classic Sailing, C/o Corpach Boat Building Co Ltd, Corpach, Fort William PH33 7NB

Voyage Ref:		Start Date:		Finish Date:	
Title:		First name:		Last name:	
Address:					Postcode:
Email:					
Telephone:	Mobile:		Date of Birth:		
	Home:				

Doctor information:	Name:	Emergency contact:	Name:
	Surgery:		Address:
	Address:		Tel No:
	Tel No:		Relationship:

We require the following information for health and safety reasons (all is kept strictly confidential):

- Would you have any difficulty in climbing a 2 metre (6ft) vertical ladder? Yes No
- Have you been hospitalised for asthma? Yes No
- Do you have or have you ever had diabetes, epilepsy, fits or convulsions? Yes No
- Are you on any medication, treatment or diet? Yes No
- Do you have any allergies e.g. food, sun, insects, drugs etc.? Yes No
- Are there any other physical or medical conditions that may affect your cruise? Yes No

If you have answered "yes" to any of these questions, please give details below:

** Some of the above conditions may not be a problem but we do need to know and discuss it with you.*

Failure to disclose any conditions pertinent to the above Health and Fitness details may cause you to be put ashore. The grounds for this will be that the person in command believes you are putting your own or other people's lives at risk or that you are seriously impeding the enjoyment of others. You will be put ashore as soon as is practical; the where and when will be at the skipper's or captain's discretion. No refund or travel allowance can be given. In the event of illness the person in command will make the best possible arrangements to obtain medical support and assistance for you.

All trainee voyage crew are required to sign and return this form as confirmation that they have read and understood our terms & conditions, before joining the vessel.

Signed: _____

Date: _____